2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # J08320

1. Entity Name

MARTIN CASE CONSTRUCTION, INC.



FILED Apr 30, 2008 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

2341 N.W. 30TH STREET

FT. LAUDERDALE, FL 33311 U

2341 N.W. 30TH STREET FT. LAUDERDALE, FL 33311

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-2733550

04282008

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

WILLIAM M. MARTIN JR. 741 DOVER STREET BOCA RATON, FL 33487

DO NOT WRITE IN THIS SPACE

. <u>.</u>					fj i ii
	named entity submits this statement for the patient of registered agent.	ourpose of changing its register	ed office or registered agent, or bo	oth, in the State of Florida. I am familiar with, a	nd accept
SIGNATURE.				DATE	
	Signature, typed or printed name of registered agent and title	it applicable (NO+E Registere	ed Agent signature required when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Final Trust Fund Contribution.		10000000154	
				U00000933451	H 16
10.	OFFICERS AND DIREC	JTORS		%)	u ; 3
TITLE	P				
NAME .	MARTIN, WILLIAM M	•			3,15
STREET ADDRESS	741 DOVER STREET				45 H
CITY-ST-ZIP	BOCA RATON, FL 33487				
TITLE	Τ				1. 1.
NAME	MARTIN, SUSAN			The man that I do not mante	
STREET ADDRESS	741 DOVER STREET				
CITY-ST-ZIP	BOCA RATON, FL 33487				م عرفو <i>و</i> ا
TITLE			-	The state of the state of the state of	سور ما و ده
TITLE	l .		■ 2 0 5		No. 6 1 16

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12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

NAME STREET ADDRESS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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CITY-ST-ZIP

CITY-ST-ZIP

SIGNATUDE TO THE OF SERVINTED NAME OF SIGNING OF THE OPPOINTECTO

04-28.08

954-735-4625

Daytime Phone #